hould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA-Y, WITH UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. **JARGIN RESERVED** PLA B.—WRITT

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(106-6)
County Lucen Cline	Registration Dist. No. 252
Village or City entreville	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Ordert Al. allin	
(a) Residence: Np. (e. Lewill o. )	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word)	21. DATE OF DEATH  More 18 - 1936  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hatter Stewart	
(or) WIFE of Hattee Steward	22. I HEREBY CERTIFY, That lattended deceased from
6. DATE OF BIRTH (month, day, and year) Mar. 6-1885	I last saw h. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.30.m.
51 0 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Dete of price 3/14/36
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	7.7
9. Industry or business in which work was done, as SILK MILL, Jarmes SAW MILL, BANK, etc	
11. Total time (years)	
this occupation (month and year)	
12. BIRTHPLACE (city or town) Luceur and Co	Dither Contributory Causes of Importance:
(State or country)	level tie electore Dates
13. NAME (ald aller)  14. BIRTHPLACE (city or town). Luclus and	titis and scribity
14. BIRTHPLACE (city or town) Lucles and	Name of operation
(State of country)	What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Umanda Hulcheny	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME anda Hulchery  16. BIRTHPLACE (city or town) Luceus Cerry	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Augustian Handys	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place estilliment Date Mar. 23,1936	Nature of Injury
19. UNDERTAKER ASSISTED CONTRACTOR (Address)	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED Mar. 23, 1936, Mamie & Bright	(Signed)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	lì	Example II	1 6
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	7	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V. S.	74		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1,

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	0.00	i
(1)	8	SE.
24.4		-

1. PLACE OF DEATH		83.00	
County Juan an		Registration Dist. No	2,50
Village or City Sudlusm	rli	No	St. Ward
Length of residence In city or town where d		death occurred in a hospital or institution, give its NAME instead of the death of the death occurred in a hospital or institution, give its NAME instead of the death occurred in a hospital or institution, give its NAME instead of the death occurred in a hospital or institution, give its NAME instead of the death occurred in a hospital or institution, give its NAME instead of the death occurred in a hospital or institution, give its NAME instead of the death occurred in a hospital or institution, give its NAME instead of the death occurred in a hospital or institution, give its NAME instead of the death occurred in a hospital or institution, give its NAME instead of the death occurred in a hospital or institution, give its NAME instead of the death occurred in a hospital or institution, give its NAME instead of the death occurred in the death occ	
2 FILL NAME Flother &	ens. Bouly		
2. FOLL NAMES		If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city	or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
3. SEX 4. COLOR OR RACE Wante.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  March  (Month) (De	3 , 193 C
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of rule. Bayle		22. I HEREBY CERT1FY, Thet	I ettended deceased from
0	N.14. 1873-		, 19; death is seld
7. AGE Yeers Months	Days If LESS than 1 day,hrs.	to have occurred on the dete steted above, et 2.05 April The PRINCIPAL CAUSE OF DEATH and releted causes of important and releted causes of important and releted causes.	ortance
Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Rainer.	Cerebral Kemowle	Date of onest
. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.			
1D. Date decessed last worked at this occupation (month end 3/14/3 year)	11. Totel time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Sudles (State or country)	ville.	Dther Contributory Causes of importance:  Column School Colombia	sun
	ples.		
13. NAME Janes. 13.  14. BIRTHPLACE (city or town) 13. Succession of the control	Unite -	Neme of operation	
(Stete of country)	02	What test confirmed diegnosis? W	as there en autopsy?
15. MAIDEN NAME Angelie  16. BIRTHPLACE (city or lown)  (Stete or country)	Indlinete.	23. If deeth wes due to externel causes (VIDL ENCE) fill in elso decident, suicide, or homicide? Dete of in Where did injury occur?	
17. INFORMANT Muss. Noly. 1. (Address) Zudlinel	Buyles.	(Specify city or town, co Specify whether injury occurred in INDUSTRY, in HDME, or in	Inty and State) PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place I tolden Com. Me	1. Date March . 15, 193 6	Manner of injury	
19. UNDERTAKER John a. Tot (Address) meeting	in gon	24. Wes disease or injury in any way related to occupation of d	eceesed?
20. FILED Mars 4., 1936	5 7/ A/	(Signed) C P Julie	elly Just.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	j.	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of certificate.

TION is very important. See instructions on back

Every item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

SIMIL OF MARKETENING	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(D)(A)
County Luceno annes Cocenty	Registration Dist. No. \$253
Village or City Charter maryland	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME William Richard /	Browali U. S. Veteran, specify WAR
(a) Residence: No. Chester maryland	St., Ward,
(Usual place of shode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male. White Traviel.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cor WIFE of	12. HEREBY CERTIFY. That I ettended decaasad from 1936, to Well (0, 1936
6. DATE OF BIRTH (month, day, and year) Quely 11-1874	I last saw h alive on 19 death is said
7. AGE Years Month Deys 2 If LESS than	to have occurred on the data stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Wilstalian Of heart
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chronic myocarditis 24807
10. Date dacasad last worked at this occupetion (month and year) 11. Total time (years) spant in this occupetion 6	Duration: Four years.
12. BIRTHPLACE (city or town) Chester proceyland	Other Contributory Causes of Importance:
(State or country)	
13. NAME Weeliam J. Blawwe 14. BIRTHPLACE (city or town) Chester, ma	
4 14. BIRTHPLACE (city or town) Sheater (State or country)	Name of operation Dete of
	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Sarahi R. Bexton  16. BIRTHPLACE (city or town) Chester ma	23. If daath was due to axternal causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (Stata or country)	Accident, suicide, or homicide? Date of Injury
mariante Brancal	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / / AUT WOLL STORY (Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sluggers Wille Detall at 2, 1936	Natura of injury
19. UNDERTAKER J. C. Showas	24. Was disaasa or injury In any way related to occupation of decpased?
(Addrass) Slevensvilla ma	If so, spacify
20. FILED Max 11: 1936 F. C. Thomas	e (Signed) Stool (a) Our M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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Example I	ı li	Example II	
The principal cause of death and related cau of importance were as follows:	ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 7 193	July 5,1927	Peritonitis	3 days ago
SUREAU V.	S. I		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1113

PHYSICIANS should state O. Every item of Infor-Exact statement of OCCUPA-I, WITH UNFADING INK-THIS IS A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Ex MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WINTE PLAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-m) × 3186
County Juleau aleue	Registration Dist. No. 252
Village or City Cerefreville	No. St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?mrsds.
P 1.	
2. FULL NAME OWY NAME	+
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	March 21. 1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of Do not Know	22. I HEREBY CERTIFY, That I attended deceased from
1881 1	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) O Say Kusaco  7. AGE Yaars Months Days If IESS than	l last saw h; death Is sald
1 day bea	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
thut 35	were as follows: Date of one et
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Fractions & base B Skill +
Industry or business in which	Fracture & base of Skill +
work was done, as SILK MILL, Farry ward	by an auto motale while worth
11. Total tima (years) this occupation (month and spent in this	on State road - (accident)
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) Do rot Knaue	
( 13. NAME	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? 🛰
15. MAIDEN NAME	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? December Data of injury 2/2, 19 36.
(State or country)	Where did injury occur?
17. INFORMANT J. III. Hougan Value Julie	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Deuttentle me	
18. BURIAL, CREMATION, OR REMOVAL New 2 3 . 36	Manner of injury
Date Date 19	Natura of injury
19. UNDERTAKER / Jaron / 2 ras	24. Was disease or injury in any way related to occupation of deceased?
(Address) Centrolle, Md	If so, speciff West Thoughton Comme
20. FILED Mar. 23, 1936. Mamie & Bright.	(Signed) W. Havry Files Caroners Phym. S.
Local Registrar.	(Address) Contraville md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DP 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

A FS	TE OF MAI	RYLAND-	CERTIFICATE OF DEATH 318	
1. PLACE OF DEATH		<b>}</b>	(R) ×	26
County C	ue )	inne	Registration Dist. No.	-57
Village or City	rasonul	le_	No. St.,	Ward
Length of residence In city or	town where death occurred		death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME KO	Morary 9	rislips		
(a) Residence: No.	Trasos	rolle	St.,	
		ce of abode)	If nonresident give city or town a	
PERSONAL AND S			MEDICAL CERTIFICATE OF DEATH	
Male Ca		ARRIED, WIDOWED, CED (welle the word)	21. DATE OF DEATH Much 13  (Month) (Day)	, 193 <u>6</u> (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	nos	re	22. I HEREBY CERTIFY, That I attende	ed deceased from
5. DATE OF BIRTH (month, day, and	2 7	1882		
AGE Years	Months Days	If LESS than	to have occurred on the date stated above, etm.	, death is said
54	2 3	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
81 Trade, profession, or particul kind of work done, as SP	PINNER, O MARIA		1-	Date of onset
SAWYER, BDDKKEEPER, of Judgetry or business in which	etc.	u	Clorle anderism	
work was done, as SILK I SAW MILL, BANK, etc	MILL,			
10. Date deceased last worked a this occupation (month in		I time (yeers)		
year)	in 176	caupation 30 4	Dither Contributory Causes of importance;	
. BIRTHPLACE (city or town)	Maryle	en J	Differ Contributory Causes of Importance.	
(State or country)	1			
13. NAME Slove	i justi	er		
14. BIRTHPLACE (city or town)	Mary	land	Name of operation Date of	
1	1 auno B	Varle alice	Whet test confirmed diagnosis? Was there at	
15. MAIDEN NAME Services  16. BIRTHPLACE (city or town)	me of	cauxyyou	23. If death was due to external causes (VIDLENCE) fill in also the following accident, suicide, or homicide? Date of injury	23
(State or country)	Maryla	ind:	Where did injury occur?	, 19
7. INFORMANT Such	Blocks	low md.	(Specify city or town, county and S Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC F	tale) PLACE.
18. BURIAL, CREMATION, OR REMOV	Talle Md. n	lar. 15,636	Manner of injury	
n. a	7118	1 1 .	Nature of injury	7
19. UNDERTAKER	treadle	- had	24. Was disease or injury in any way related to occupation of deceased?	110
m	6- 1100 m	n Aledia	If so, specify Some State Corner (Signed) Saw Sul Corner	1- M D
20. FILED / (1/3), 1931	Juans	Registrar	(Address) - Judge Later Pley	recor
	If more blanks are needed		N. Charles Street Politics P. C. N.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	91.7
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AFT 3 . V. S.			
Other contributory causes of importance:	and services	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
10			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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M	state UPA-		CERTIFICATE OF DEATH 3188
	=	1. PLACE OF DEATH	(159)
-	should f OCC	00011()	Registration Dist. No. 252
(C)	shor of O	Village or City ha or Carthavilla	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
0	× 00 ×	Length of residence in city or town whera death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
P	D. Every SICIANS tatement	2. FULL NAME Stall Hawkins	
	D. SIG	(a) Residence: No.	St., Ward.
	PHY act si	(Usual place of abode)	If nonresident give city or town and State
	×	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
	h .	Formule Coc OR DIVORCED (write the word)	Morch 23
5	NENT CTLY ified.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
BINDIN	S 1 8	HUSBAND of Cor) WIFE of Score.	22. I HEREBY CERTIFY. That I attended deceased from
BIL	PERM EXA ly clas	6. DATE OF BIRTH (month, day, and year) Morch 21-1936	I last saw her alive on much 2 , 19 76; death is said
	IS A PE stated E properly certificate.	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
FOR	IS A I stated properline	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
	be be lof co	8. Trade, profession, or particular kind of work done, as SPINNER,	Presentine busch (6 mos)
RESERVED		kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc  Mork work work solic in which work work was done as SPINER, SAWYER, BODKKEEPER, etc	
S.R.	should it may n back	SAW MILL, BANK, etc.	
SSI	Fred A	10. Date deceased last worked at this occupation (month and spent in this	
RI	- CO 200	year) occupation occupation	Other Contributory Causes of importance:
Z	ADING d. AG s, se the	12. BIRTHPLACE (city or town) ne v (authenth M. d. (State or country)	
ARGIN	UNFA supplied n terms, ee instru		-
E	D the	E hal:	Newsoftwardie
	- 70	4. BIRTHPLACE (city or town)(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
	WI'l full n pl	15. MAIDEN NAME Ada Danley	23. If death was due to external causes (VIDLENCE) fill in also the following:
Id be care DEATH is importa		15. MAIDEN NAME Dan Danier	Accident, suicide, or homicide?
		(State of Country)	Where did injury occur? (Specify city or town, county and State)
		17. INFORMANT Italia Italia (Factor) (Address) Cantieville RID Inf	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
	Shou E OF is ver	18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
1	N is	Place Corsica /kch Date / Day 24 , 1936	Nature of Injury
-	-WRITE mation sl CAUSE TION is	19. UNDERTAKER Hollin Hawkins (father)	24. Was disease or Injury In any way related to occupation of deceased?
Š	9 2 2	(Address) Cantrille	If so, specify
si.	7 (3)	20. FILED Mar. 24, 1936 Manie & Bright	(Signed) Contervilo 2-4 M. D.
>	~	Cal Hegistrat.	(Address)

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92a × 3183
County Lucase Course	Registration Dist. No. 252
Village or City Centrevelly	No. St., Ward
. Length of residence in city or town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME George of Hally	
(a) Residence: No. Ornthrilla	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale White S. SINGLE, MARRIED, WIDOWED, OR WORCED (write the word)	21. DATE OF DEATH March 2 ,193 (Year)
5e. If married, widowed, or divorced HUSBAND of Cory WHE OF Cala C Learheast	1 HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year March 24-1855	I last saw ham alive on Mr. 2 1926; death is said
7. AGE Years Months Days If LESS than 1 day,	to heve occurred on the dete stated above, et 1. V. T,m.
80 / ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance  Date of onset
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEPPER, etc	Neut Valercos aline
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.	of the heart
1. Data deceesed last worked et	
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Treemwich	Other Contributory Causes of importance:
(State or country)	When deline
13. NAME George I bothy	
13. NAME Leage I Labby 14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	Whet test confirmed diagnosis? Was there en europsy?
15. MAIDEN NAME Clariss Haight	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mus Drong Oldally	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cerulpull Pure	Manage of initial
Plece Centrull Date March 479 31	Nature of injury
19. UNDERTAKER I auton Bert	24. Was disease or injury in any wey related to occupetion of deceased?
(Address) Centrevelle Med	If se, specify
20. FILED Mars. 3, 1936 Thamia & Bright.	(Signed) M. D. (Address) M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
報は発達的がある。別				
No. of the last of				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND	CERTIFICATE OF DEATH	
EATH	- Para X	
een ann,	Registration Dist. No. 25/	
ar Church Hell	No. St., War	d
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosd.	s.
may & Lobus		
one of Oliveral W	Usa Ward.	
(Usual place of abode)	If nonresident give city or town and State	
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
olor or race 5. SINGLE, MARRIEO, WIDOWEO, OR DIVORCEO (gwrite they word) The land of the state o	21. DATE OF DEATH Warch 26 1936 (Month) (Day) (Year)	
divorced	Name of the state	
m H. Johnson	22. ARCIGO 1936, to MARCH 26 1936	m
, day, end yeer) Qua 15- 1868	I lest saw h elive on, 19; death is se	id
Months Days If LESS then	to heve occurred on the dete steted above, atm,	
7 // ormin.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:  Data of ones	at
or particuler one, as SPINNER, House mark	Cerebral Henserhage	
es in which	Coorine states of	-
as SILK MILL, Howe		- 01
worked at (month and page 11. Total time (yeers) spent in this,		- 0-
occupetion 4 A 4	Other Coutributory Causes of Importance:	
Fullow Perm Por. Sur.		
On Tall-land		
an issued	Neme of operation Dete of	=
(y) Lucen ana Co. Mid.	Neme of operation Dete of What test confirmed diagnosis? Wes there an aulopsy?	,
undenvun	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:	
or town)	Accident, suicide, or homicide?	
14) Lucen am Co. End	Where did injury occur?(S	
fund Johnson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
OR REMOVAL	Manner of Injury	
erille Oate Mar. 29, 19 3 6	Neture of injury	
m. H. Gogd	24. Wes disease or injury in eny wey releted to occupation of deceesed?	
usch Hill	If so, specify	
819 36 Tr. H. Lood	(Signed) Prehabile that M.	0.
Registrar.	(Address)	***

CEDTICIOATE OF DEATH

V. S. No.

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Cerebral hemorrhage RECEIVED	July 5, 1927	Peritonitis	3 days ago	
APR 6 1936				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH  County Cly County Cly Cly Cly Cly Cly Cly Cly Cly Cly Cl	STATE OF MARYLAND—	CERTIFICATE OF DEATH 319)	
Village or City  Length of residence in gity of town wherey-death of secured years and years	1. PLACE OF DEATH	108	
Langth of residence in city of town where-death occurred with the country of the	County Ellan Neger	Registration Dist. No. 25	
Langth of residence in city of town where death occurred yes			rd
2. FULL NAME  (a) Residence: No.  (Usual place of abods)  PERSONAL AND STATISTICAL PARTICULARS  3.5%  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR BY DIRECT Counter Name  O(y) WIFE of O(y) WIFE o			
(a) Residence: No.  (Usual place of abods)  PERSONAL AND STATISTICAL PARTICULARS  3.5 M  4. COLOR OR RACE  S. SINGLE MARKED, WIDOWED, OR BUSINESS (Month)  Sa. If married, widowed, or dworred HUSAND  HUSAND  7. AGE  Years  Norths  Days  If LESS than  1 day, hrs.  3. June Principal, or particular  Norths  Norths  Days  If LESS than  1 day, hrs.  3. June  1 hrs.  3. June  3. June  4. Color OR RACE  3. SNECLE MARKED, WIDOWED, OR HILL AND WILL	Keith Means		S.
PERSONAL AND STATISTICAL PARTICULARS  3.5\$\frac{1}{2}\$ 4. COLOR OR RACE  S. SINGLE MARRIED, WIDOWED, OR DIA	Drecon PL XI e on	*	
PERSONAL AND STATISTICAL PARTICULARS  3.60%  1. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DUBLED (winter by God)  53. If married, widowed, or divorced (or) WIFE of  6. DATE OF BIRTH (month, day/mid/yea/5)  7. AGE  Years  Months  Days  If LESS than 1 day,			
Sa. If Inspected, widowed, or divorced Hills and Committee of Gord Wife of Gord Wif			-
## SAWYER, BOOKKEPER, etc.  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  17. INFORMANT  18. BIRTHPLACE (city or town)  (State or country)  18. BIRTHPLACE (city or town)  (State or country)  19. Manual of the properties of the state of the country		1469 2/ 1936	
Trade, profession, or particular kind of work done, as SPINNER, Ormin.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were	HUSBAND of	The state of the s	-
Trade, profession, or particular kind of work done, as SPINNER, Or. min.  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  Date of onset  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related cayses of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related cayses of i	6. DATE OF BIRTH (month, day and year 5 9, 15	I last saw he alive on Aleba 2 1, 19 6 death is sa	id
Trade, profession, or particular kind of work done, as SPINNER, DOUBLE SAWYER, BOOKKEEPER, etc.  Standstyr or business in which work was done, as SIK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this occupation) (State or country)  11. Total time (years) spent in this occupation (month and this occupation) (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURTHPLACE (city or town) (Specify city or town, country and State)  Specify whether injury occur? (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury (Manner of injury)		to have occurred on the date stated above, atm.	
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  SHINDUSTRY BOOKKEEPER, etc.  Manner of injury Books		word so follows:	_
12. BIRTHPLACE (city or town)   13. NAME   14. BIRTHPLACE (city or town)   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   (State or country)   18. BURIAL, CREMATION, OR REMOVALE   19. Manner of injury   19. Manner of i	Trade, profession, or particular kind of work done as SPINNER	Jacob of One	n
work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  18. BURIAL, CREMATION, OR REMOVAL  Manner of injury		Johor Meanona Who	4
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVALE  19. Country  19. Country  10. Date of importance:  10. Mame of operation  10. Name of operation  12. What test confirmed diagnosis:  13. Value of operation  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVALE  Manner of injury	work was done, as SILK MILL,		
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL  18. BURIAL, CREMATION, OR REMOVAL  Manner of injury  Differ Congributory Causes of importance  Date of functions  Name of operation  Name of operation  What test confirmed diagnosis:  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Manner of injury  Manner of injury  Manner of injury	Date deceased last worked at this occupation (month and spent in this /		
(State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAR  Manner of injury		Other Contributory Causes of importance;	001
What test confirmed diagnosis?  Was there at you to pay?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or county)  What test confirmed diagnosis?  Was there at you to pay?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of Injury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Manner of injury  Manner of injury		VIII 110 The	1.
What test confirmed diagnosis?  Was there at you'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or county)  What test confirmed diagnosis?  Was there at you'opsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did Injury occur?  Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Manner of injury  Manner of injury	13. NAME aling other by there be	1 State of the later	
What test confirmed diagnosis?  Was there at you'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or county)  What test confirmed diagnosis?  Was there at you'opsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did Injury occur?  Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Manner of injury  Manner of injury	14. BIRTHPLACE (city or town)	Name of operation	-
Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Manner of injury	(State of County)	What test confirmed diagnosis: Was there any autopsy?	2)4
Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Manner of injury	I 15. MAIDEN NAME & OCCUP NEAG 1800	23. If death was due to external causes (VIOLENCE) fill in also the following:	
Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Manner of injury	16. BIRTHPLACE (city or town)		
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Manner of injury	(State of county)	(Specify city or town, county and State)	
18. BURIAL, CREMATION, OR REMOVAL Manner of injury Manner of injury		Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	
Place (MAAACH /d , V/Pate MOA , & D to A (	The state of the s	Manner of injury	
	Place Much Helpate Mar. 20, 19 36	,	
19. UNDERTAKER 1. Loog 24. Was disease or injury in any way related to occupation of deceased	19. UNDERTAKER Wy H, Lood no o		
(Address) Church Will Md. If so, specify	(Address) Churchtill Md.	If so, specify	
20. FILED Was id 8, 1936 The Good Registrar, (Address) Milles Hell M. D.		(Signed) M. (Address) Called Ah. 14-Cl	D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
4. 6 1831			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

1. PLACE OF DEATH	CERTIFICATE OF DEATH O.150
Me so as Neces	9
County County	Registration Dist. No. 23/
Village or City & Call Culled 1. 1	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in fity or town where death occurredsyrsmo	
2. FULL NAME GO + WEBA Math	ours 4
(a) Residence: No. Mean Celevery	two these x
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LEGY
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OI (or) WIFE OI	22. I HEREBY CERTIFY, That I attended deceased from
162-213	, 19, to, 19,
6. DATE OF BIRTH (month, day, and wear)	I last saw half alive on
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	Dud will out the
S. Hade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	Cone of plegarene
work was done, as SILK MILL,	Thouse Thestop the
0 10. Date deceased last worked at 11. Total time (yeers)	by by God Proceeding
this occupation (month and spent in this occupation occupation	Mucan on la
12. BIRTHPLACE (city or town)	Other Coatributory Causes of importance:
(Stete or country)	the state of the s
13. NAME CASAR MATHORES	of well the first that
13. NAME OF THE 14. BIRTHPLACE (city or town)	Name of operation.
(State or country)	China and Wa
15. MAIDEN NAME Matter Sugar	
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of Injury  19
State or country)	Where did injury occur?
Matter Matteres	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address) Classic L. C. 20. Band	opecty whether figury occurred in INDOSTR'S, III HOME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL / / /	Manner ol injury
Place Much Nell Date Mar. 12, 1936	Nature of injury 4
19. UNDERTAKER AS A STEP ASOCIAL ELYS	24. Was disease or injury in any way related to occupation of deceased?
(Address) (Amach Hill )	If so, specify
mouse May 11 , 36 We be Consol	(Signer O terot). ( Decello M.D.
20. FILED. May 11, 19.3.6 No. 18. Registrar.	(Address) lewall. Hell bed

STATE OF MADVIAND CEDTIFICATE OF DEATH OF A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	2	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ADD 6 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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UNFADING INK-THIS IS A PERMANENT RE CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED mation should be carefully supplied. AGE should be PLAINE -WRITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1242
County Allew Ulle	Registration Dist. No. 252
Village or City Centrevier	No. St., Ward
Length of residence in city or town where death occurred.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
2. FULL NAME Cleveus Le Ray P7	uelipio
(a) Residence: No. as alone	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  The color of RACE OR DIVORCED (write the word)	21. DATE OF DEATH March = 24  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daracles Ecwary Pholes	22. I HEREBY CERTIFY, That I attended deceased from
	morch 17. 1936 to Morch 24- 1936
6. DATE OF BIRTH (month, day, end year) July 14-1880	I lest saw h in alive on MHELL 24 ,19 36; deeth is sele
7. AGE Years Months Days If LESS than 1 dey,hrs.	to have occurred on the date stated above, et
35 8 V// ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BODKKEEPER, etc.	Chronic Suterate at restlereties
work wes done, es SILK MILL, Dry Horse	2. to 1 Be auxiliation
0 10. Date deceased last worked et 11. Total time (yeers)	moral 1( gur gilium,
this occupation (month and yeer) spent in this occupation	
12. BIRTHPLACE (city or town) Chester	Other Coutributory Causes of importance:
(State or country)	
13. NAME Jake O Thelleps	
14. BIRTHPLASE (city or town) Cleater	Neme of operation
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?L_
15. MAIDEN NAME Jaura Champion	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Backs	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur?
17. INFORMANT Mrs Closeus L. Thellepi (Address) Centreven mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL Place (Lee Trevels Date Mar 2), 1936	Manner of injury
19. UNDERTAKER Darton Porca (Address)	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Tlar. 27, 1936 Tlamin & Bright	(Signed) W. Dearn Fisher M. I
tocal Regisfar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis   RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	item	shoi	0 jo	1	
	WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item	matifur should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS show	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of O	1	
-	Q	[XS]	sta		
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C	INT	I.	d.		
Z	INE	CI	sifie		
N	RM/	XA	clas		
B	PE	E	rly	ate.	
MARGIN RESERVED FOR BINDING	IS A	statec	prope	TION is very important. See instructions on back of certificate.	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	175)
County Sellon Helle	Registration Dist. No. 251
Village or City Klock Miles	NoSt.,Ward
(If Length of residence In city or town where docth occurred Lozyrs	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME 1. Deleg Rolles	All o
(a) Residence: No Pol Pills Wed	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH UCA 24 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 7 I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and years Oh 17	I last saw h Ald allve on Ald Ald 19 19 Be death is seld
7. AGE / Yeers   Months Days   If LESS then	to have occurred on the date stated above, at 9,304 m.
0 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
R Trade, profession, or particular kind of work done, as SPINNER Above	POISON Homicide Date of one of
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation month and year) Manager 1936 spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance;
(State or country)	Ne all 100mm
13. NAME THE SELLE M. Plaked Sou	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsyl
15. MAIDEN NAME CULTURED 16. BIRTHPLACE (city or town)	23. If deeth was due to external passes (VIOLENCE) fill In also the following:
State or gowning 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Accident, suicide, or homicide Deade of injury TDL 19
XTO OV - MANUAL SOM	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT AND AND AND AND	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wester La Date Mas de 619.36	Nature of injury
19. UNDERTAKER Thomas Hy Good (Address)	24. Was disease or injury in any way related to occupation of deceased?
10. FILED Mac 25, 19.3 6 7/ 4 9000 Registro.	(Slavet) O tell 871. Seculty M. D.  (Address) Ollice of the State of t
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
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Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 6 1936	July 5,1927	Perilonitis	3 days ago	
	BUREAU V. S.				
Other contributory of	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroentcritis	1 year	

V. S. No. 1 N. B.—

Village or City (III  Length of residence In city or town where death occurred (IV)  2. FULL NAME  (a) Residence: No. (Usual place of abode)	Registration Dist. No. St., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)  St., ward.  St., ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
Length of residence In city or town where death occurred 6/yrs mos  2. FULL NAME  (a) Residence: No.	No
2. FULL NAME  (a) Residence: No.  Sloven Surible	St., Ward.    St.,   Ward.   If nonresident give city or town and State
(a) Residence: No. N Stovensvill	If nonresident give city or town and State
	If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Agova Muette	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer)	I last saw h, deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
2 Trade authorize or authorize	Oate of onset
SAWYER, BOOKKEEPER, atc.	aposolem 3/89
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	Nyberleusian.
13. NAME Was oright	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an aulopsy?
15. MAIDEN NAME Seuretta Joloon	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of Injury, 19
(State or country)	Where did Injury occur?
a Time Language	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	opensy whether injury occurred in thousand, in nowe, of the public place.
18. BURIAL, CREMATION, OR REMOVA	Manner of injury
Place Bruial at Homepete march 31, 1936	
19. UNDERTAKER 26. Q. Ligg	Nature of Injury 24. Wes disease or injury In any way related to occupation of deceased?
(Address) Stevensur Mil ma	If so, specify
20. FILED MAN 3/, 1936 F. C. Chowas Registrar.	(Signed) M. D. (Address) M. D.

CEDTICIOATE OF DEATH

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 9 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-02
County Lucen Unic	Registration Dist. No. 252
Village or City nx Thure Mills	No. St., Ward
length of socidence in situ as town durith and the second	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME // LINE SPAR	* R.S.
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed or divorced	21. DATE OF DEATH Make 19 (Year)
HUSBAND of Walter S. Sparks	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb. 26-1858	(1 lest saw h 1 alive on Moy 19 19 35 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
78 0 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Ourse of the hour
SAW MILL, BANK, etc	<b>Y</b>
12. BIRTHPLACE (city or town) Lieu Co (State or country)	Other Contributory Causes of importance:
13. NAME William Mc Olyment	
13. NAME William Mc Olyment	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Trances Hopkins  16. BIRTHPLACE (city or town) Talkot Ch.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / Med. C. W. Jestler (Address) Lienstanne M. R.J.C.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place entrevelle Date Mak. 21, 1936	Manner of injury
19. UNDERTAKER annie W. Edding. (Address) Centremile, Md	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Mar. 21, 1936. II Jamis & Bright.	(Signed) At Marine M. D.  (Address)
Tr. 11.1	

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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,	Example I	-13	Example II	
The principal cause of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	app 17 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
	The second secon			
Other contributory car	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

D. Every item of infor-Exact statement of OCCUPA-PHYSICIANS UNFADING INK-THIS IS A PERMANENT RI AGE should be stated EXACTLY. properly classified. IARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. WITH B.—WRITE PLAN

V. S. No. 1

state

plnods

1. PLACE OF DEATH  County Village or City  Cutthercelle  (If an No.  No.  No.  (If and occurred in a hospital or incitation, give in NAME instead of suret and number)  Langth of residance in city or town where death occurred  Langth of residance in city or town where death occurred  (If and occurred in a hospital or incitation, give in NAME instead of suret and number)  (If and occurred in a hospital or incitation, give in NAME instead of suret and number)  (If and occurred in a hospital or incitation, give in NAME instead of suret and number)  (If and occurred in a hospital or incitation, give in NAME instead of suret and number)  (If and occurred in a hospital or incitation, give in NAME instead of suret and number)  (If any first instead, wildows)  (If any first instead in the word)  (If any first instead in the word)  (If any first instead in the word of the surety of town and State  MEDICAL CERTIFICATE OF DEATH  (If any first instead of the surety of town and State  (If any first instead of the surety of town and State  MEDICAL CERTIFICATE OF DEATH  (If any first instead of the surety of town and State  MEDICAL CERTIFICATE OF DEATH  (If any first instead of the surety of town and State  (If any first instead of the surety of town and State  (If any first instead of the surety of town and State  MEDICAL CERTIFICATE OF DEATH  (If any first instead of the surety of the s		STATE OF MARYLAND—	CERTIFICATE OF DEATH 2137		
Village or City. Cutterelle  Note occurred in a hospital as immitution, give in NAME instead of street and number)  Length of residence: No. Description of the street and number)  2. FULL NAME LUCLEAR MANNE Clause of the street and number)  Medican Manne Color of the street and number of the street and number)  Medican Manne Color of the street and number of the street and number)  Medican Manne Color of the street and number of the street and number of the street and number)  Medican Manne Color of the street and number of th		1. PLACE OF DEATH	45-77		
Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Mean State of the season	1	- County Lucen Cerron	Registration Dist. No. 252		
Length of residance in city or town where death occurred.  2. FULL NAME LUCLEARM MEANING (a) Residence: No. Securitivities (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  BEDICAL CERTIFICATE OF DEATH  J. SEX 4. COLOGOR RACE S. SINGE MARRID, WIDOWED, ON DUCKED Girire the word)  So. HIMERAN of (Worth)  So. DATE OF BIRTH (month, day, and year)  So. DATE	1	Timage of City	NoSt.,Ward		
2. FULL NAME Cyclicans. McKenney Dightman  (a) Residence: No. Sentetwills. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOROR RACE  S. SINCE, MARKED, WIDOWED, Oge-BAYORED (Sire: the word)  So. II married, widowed, or divorced  (Op) VIIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Vanit  Married, widowed, or divorced  (Op) VIIFE of  1. LESS than  1. LES		F-2-12 (recognition of 19 from 19 and 19 from			
(a) Residence: No. Decentrosibility (Usus) place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOROR RACE  Octobron RACE  Octobron RACE  1. I married, widowed, or divorced  (no) Wife of or divorced  (no) Wife of or divorced  5. I married, widowed, or divorced  (no) Wife of or divorced  7. AGE  PERSONAL AND STATISTICAL PARTICULARS  S. SINLE, MARRIED, WIDOWED, Okine the word)  Octobron RACE  Oc			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOGOR RACE  5. SINGLE, MARRIED, WIDOWED, Og-BVORCED (Sirie the word)  5. Il married, widowed, or divorced (Month) (Day) (Year)  5. Il married, widowed, or divorced (Month) (Day) (Year)  5. Il married, widowed, or divorced (Month) (Day) (Year)  5. Il married, widowed, or divorced (Month) (Day) (Year)  5. Il married, widowed, or divorced (Month) (Day) (Year)  6. DATE OF BIRTH (month, day, and year) (Month) (Day) (Year)  7. AGE (Years) (Month) (Day) (Year)  7. AGE (Years) (Month) (Day) (Year)  6. DATE OF BIRTH (month, day, and year) (Month) (Day) (Year)  7. AGE (Years) (Month) (Day) (Year)  7. AGE (Years) (Month) (Day) (Year)  8. Trade, profession, or particular (Month) (Day) (Year)  9. Industry or business in which (Month) (Month) (Month) (Month) (Day) (Year)  9. Showlisty or business in which (Month)	-		agaman x		
PERSONAL AND STATISTICAL PARTICULARS  3, SEX 4. COLOGOR AACE S. SINGLE, MARRIED, WIDOWED, OR-DVORGOD denie the word)  50. If married, widowed, or divorced WUSENNO of Worced WUSENNO or Worder Word was done, as SILK MILL, WORK word was done, as SILK MILL, WORK WORD WORK of One, as SILK MILL, WORK WORD WORK OF WORDER WORK was done, as SILK MILL, WORK WORD WORK OF WORDER WORK was done, as SILK MILL, WORK WORK WAS GONE, as SILK MILL, WORK WAS GONE, as SILK					
Date of particular widowed, or divorced (Month) (Day) (Year)  5.9. If married, widowed, or divorced (Month) (Day) (Year)  5.9. If married, widowed, or divorced (Month) (Day) (Year)  22. I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year)  7. AGE Years Months (Day) IT LESS than 1 day,		PERSONAL AND STATISTICAL PARTICULARS	The state of the s		
BASE AND of (O1) WIFE of (O1) W			March 193 6		
On WHE of  Control of BIRTH (month, day, and year)  ACE Years Months Days II LESS than to have occurred on the date stated above, at		5a. If married, widowed, or divorced			
E DATE OF BIRTH (month, day, and year)  2. AGE  Years  Months  Days  14 LESS than to have accurated on the date stated above, at		(or) WIFE of			
7. AGE		July 24 1866			
Register.    Sind of work done, as SPINNER, SAVYER, BOOKKEEPER, etc.   Sind of work was done, as SIK MILL, SAW MILL, BAHK, etc.   South decased alsa worked at this occupation (month and year)   Specify occupation (month and year)   Specify occupation (month and year)   Specify occupation (Stata or couptry)   South decased at this occupation (month and year)   Sista or couptry)   Sista or couptry   Sista or couptry	ate		74		
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Industry or business in which work was done, as SILK MILL, SAW MILL, BATK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMATION ON DEMONAL  18. BURIAL, CHEMASION ON DEMONAL  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  20. FILED  19. UNDERTAKER  20. FILED  19. UNDERTAKER  20. FILED  19. Was there and a substance of injury  19. UNDERTAKER  20. FILED  20. FILED  20. FILED  20. FILED  20. FILED  20. FILED  21. Industry or business in which work and injury in any way related to occupation of deceased?  11. Mainten of injury  12. BIRTHPLACE (city or town)  22. Industry or business in which work at this contract of this occupation of deceased?  21. Industry or business in which work at this concept of the part of the pa	cer	8. Trade, profession, or particular	Date of onset		
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11. Total time (years)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMATION  18. BURIAL ENGINEER  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  20. FILED  10. Date date (sty or town)  (State or country)  11. Total time (years)  Specify city or town)  Other Contributory Causes of Importance:  Other Contributory C	ıck	9. Industry or business in which work was done, as SILK MILL,			
this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMATION  MARY  18. BURIAL, PREMASION, OR BEMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  MARS. 2., 192/k   11. INFORMATION  ACCIDENT (Address)  Mary  M					
12. BIRTHPLACE (city or town)  (State or couptry)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMATION OR DEMOVAL  (Address)  18. BURIAL, PREMATION OR DEMOVAL  Place  19. UNDERTAKER  (Address)  10. FILED  10. FILED  11. INFORMATION  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  (Specify city or town, country and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Manner of Injury.  14. BURIAL, PREMATION, OR DEMOVAL  Place  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Address)  17. INFORMATION  (Address)  18. BURIAL, PREMATION, OR DEMOVAL  Place  19. UNDERTAKER  (Address)  18. Specify  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  (Signed)  (Signed)  (Address)	****	this occupation (month and spent in this			
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What test confirmed diagnosis? Was there an au'opsy?    15. MAIDEN NAME Clause.   Was there an au'opsy?	e ii	I 14 RIRTHPI ACE (city or town)	Nama of operation		
Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, ENEMANION, OB DEMOVAL Place  Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  19. There is the state of injury (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Manner of Injury Natura of injury  19. UNDERTAKER (Address)  24. Was disease or injury In any way related to occupation of deceased?  If so, specify  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  Natura of Injury  (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Signal)  (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Signal)  (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Signal)  (Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  (Address)  (Specify whether Injury occurred in INDUSTRY, in HOME, or In Public Place.  (Specify whether Injury occurred in INDUSTRY, in HOME, or In Public Place.  (Specify whether Injury occurred in INDUSTRY, in HOME, or In Public	S	(Stata or country) Lucial Course Co	June 2		
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17. INFORMATION (Address)  18. BURIAL, ENEMANION, OR DEMOVAL Place Lewisercell March Y, 1936  19. UNDERTAKER Address)  20. FILED Mar. 3, 1936 Illumia S, Dright. Registrar.  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	oď u	State or country) Ouen Clause Co			
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20. FILED Mar. 3, 1936 Marine S. Dright: (Signed) W. Terry Fisher M. D. (Address) Certification M. D. (Address)		Place Ceuleville Majate March 4,1936			
20. FILED Mar. 3, 1936 Marine S. Dright: (Signed) W. Terry Fisher M. D. (Address) Certification M. D. (Address)	IOI	10 HADERTAKER Day ton Bris	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED Nav. 3, 1936 Maria S. Aright: (Signed) Cofileville md M. D. (Address)	=		If en enacify		
ACCAL ACGISTAT. II (AUGUSS)	7		(Signed) M. D.		
			# (voness)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I Ex		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial	paritis-	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 7 1936	July 5,1927	Peritonilis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones	Ngov. burn	May 1,1923	Gastroenteritis	1 year

STATE C	F MARYL	AND-CERTIFICATE	OF	DEATH	3198
EATH		(20)			~ 1 01 6

1. PLACE OF DEATH	——————————————————————————————————————
County Julew august	Registration Dist. No. 253
Village or City Clester (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or fown where death occurredyrs,mos	
2. FULL NAME annul Without	CEREW S. Veteran, specify WAR
(a) Residerice: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5. SINGLE, MARRIED, WIDOWED, OB DIVORCED (write the word)	21. DATE OF DEATH March (Pay) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Marrie Wickes	22 Lar. 4 LEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Sept / 1885	liast saw h 1 alive on Febr. 28 , 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Oysterway SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was dona, as SILK MILL,	Carcinoma of stomach 1935
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Leut Deland (State, on country)	Other Contributory Causes of Importance:  - glul al delicum omatoris oll
13. NAME KOLIN Wa'ckes.	of witedines 1935
14. BIRTYPLACE (city or town) Cluster. M. d.	Name of operation
(State of county)	What test confirmed diagnosis?
15. MAIDEN NAME Horence Caylon  16. BIRTHPLACE (city or town) Keert Sylving  (State or country)  17. INFORMANT A Caby V. Wickes  (Address)  (Address)	23. If death was dua to external causes (VIOL ENCE) fill in also tha following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Light and Date Mar 3 , 19.3 6	Manner of injuryNature of injury
19. UNDERTAKEN Herrigville mit	24. Was disease or injury in any way related to occupation of deceased?  If so, specify (Signed) (Signed) M.D.
20, FILED War d, 193 6 (7- C) Shirty as Registrar.	(Address) Stevens will

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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